



CITATION APPEAL FORM

SECURITY OFFICE
(626) 914-8611

NOTE: **PRINT LEGIBLY.** If your appeal is not legible, it will delay your appeal.

Name _____ Tel. No. () _____

Address _____ City _____ Zip _____ Today's Date ____/____/____

Citation # _____ Date Issued ____/____/____ Citation Due Date ____/____/____

Violation # _____ Vehicle License Plate # _____ Officer # _____

Staff/Student Parking Permit No. _____ () Visitor () Student () Staff

Nature of Appeal: In the space below, state your appeal and supporting information.

If your initial appeal is denied, you may set an appointment to meet with the Administrative Reviewer. The hearing must be requested within 21 days from mailing of this appeal decision. I certify that the above is a true and accurate statement of my appeal.

Signature _____ Date ____/____/____

OFFICE USE ONLY

Date Submitted / Received _____ (counter-mail) Rec'd by: _____ Admin. Hearing: _____
Date Time

OFFICER REVIEW

[] UPHELD: The citation is upheld for your subsequent action.
[] DISMISSED: Your Appeal has been granted and the citation canceled.
Officer's Comments: _____

ADMINISTRATIVE REVIEWER

Dismissed/Upheld: _____

Vivian Rostker, Administrative Reviewer _____

CITATION REVIEW COMMITTEE

Dismissed/Upheld: _____

Citation Review Committee (signature) _____